

MURANG'A COUNTY GOVERNMENT BURSARY FORM

FOR F/Y 2015 - 2016.



Form No:

Ward:

PART A: BENEFICIARY DETAILS

1. Name.....Tel. No.:
2. Location: Sub-Loc.: Village:
3. Institution Course:
4. Admin/Reg. no. Form/Year
5. Any disability? Yes/No; Specify:

PART B: FAMILY INFORMATION (Please tick appropriately)

1. Parental status:- Both Alive/ Single Parent/Partial Orphan/Total Orphan
 Father's name Occupation: Tel.:
 Mother's name: Occupation: Tel.
2. Condition of Parents, Specify: (e.g. PWD).....
3. Who is responsible for your fee payment?
 Guardian/Sponsor/Well-wishers: Name: Tel:
4. State whether you have previously benefited: Yes No

PART C: CONFIRMATION BY CHIEF/ASSISTANT CHIEF.

I confirm the applicant hails from my area and the information herein is correct.

Comments:.....

<i>Name of Chief/ Ass Chief</i>	<i>Signature</i>	<i>Date</i>	<i>Stamp</i>
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PART D: TO BE COMPLETED BY THE PRINCIPAL

Total fees payable Kshs. Fee Balance: (Attach Fees Schedule)

Student Grade (Attach recent Report Form)

Comments.....

<i>Name of Principal</i>	<i>Signature</i>	<i>Date</i>	<i>Stamp</i>
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PART E: RECOMMENDATIONS BY THE WARD BURSARY COMMITTEE.

Recommended/Not Recommended:.....

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